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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : REZLEGAL, LLC
 Account Number : 120140000033
 Phone : (904) 567-1177
 Fax Number : (904) 567-1066

LLC DISSOLUTION OR WITHDRAWAL ACCOUNTABLE MULTISPECIALTY GROUP, LLC

2016 JAN 26 AM 1:32 SECALHARY BESTATE ALL AHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION

FOR

ACCOUNTABLE MULTISPECIATY GROUP, LLC

- 1. The name of the limited liability company as currently filed with the Florida Department of State is Accountable Multispecialty Group, LLC (the "Company").
- 2. The Articles of Organization were filed on May 30, 2013 and assigned document number L13000078677.
- Dissolution of the Company was unanimously approved as of January 15, 2016 by the
 consent of the sole Member and sole Manager of the Company. The number of votes
 cast for dissolution was sufficient for approval. Dissolution of the Company shall be
 effective immediately.
- 4. All debts, liabilities and obligations of the Company have been paid or discharged.
- 5. All remaining property and assets have been distributed to the Members in accordance with its respective rights and interests.
- 6. There are no suits pending against the Company in any court.

The undersigned, being the sole Manager of the Company, hereby approves the above Articles of Dissolution this 20th day of January, 2016.

Hernan Robert Chang, M.D., sole Manager

2018 JAN 26 AM 9: 04
SECTIONS AND ANASSEE FLORIDA

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F. S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Accountable Multispecialty Group, LLC

Document Number of Limited Liability Company is: L13000078677

Date of Dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of claim.

Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)

Hernan Robert Chang P. O. Box 17577 Jacksonville, Florida 32245

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Hernan Robert Chang, Manager